

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligation**

(a) Name

MoveOn.org Voter Fund

(b) Address (number and street)

386 Bon Air Center Bldg 381

 check if different than previously reported

(c) City, State and ZIP Code

Greenbrae

CA 94904

**2. FEC Identification Number** C 030000012

(d) Name of Employer or Principal Place of Business

(e) Occupation

**3. Is This Statement** New

or

 Amended**4. Covering Period**

10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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through

10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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**5. (a) Date of Public Distribution(s)**  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30 **(b) Communication Title** Bush Review**6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)?**Yes No **7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes No **8. Custodian of Records**

(a) Name

Neil Reiff

(b) Address (number and street)

60 E Street, SE Suite 300

(c) City, State and ZIP Code

Washington

DC 20006

(d) Name of Employer or Principal Place of Business

(e) Occupation

Sandler, Reiff &amp; Young, PC

Attorney

**9. Total Donations This Statement**

0.00

**10. Total Disbursements/Obligations This Statement**

46302.88

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Neil Reiff

SIGNATURE

DATE 10/28/2004

NOTE: Submission of false, inaccurate or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437c.